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**Jun Gai 281-498-4310**



Inside C2

# Southern DAILY

Make Today Different

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**Publisher:** Wea H. Lee  
**President:** Catherine Lee  
**Editor:** John Robbins

**Address:** 11122 Bellaire Blvd., Houston, TX 77072  
**E-mail:** News@scdaily.com

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## U.S. authorities accelerate removal of Haitians at US-Mexico border

CIUDAD ACUÑA, Mexico, Sept 18 (Reuters) - U.S. authorities moved some 2,000 people to other immigration processing stations on Friday from a Texas border town that has seen an influx of Haitian and other migrants, the Department of Homeland Security said on Saturday.

Such transfers will continue "in order to ensure that irregular migrants are swiftly taken into custody, processed, and removed from the United States consistent with our laws and policy," DHS said in a statement.

While some of those seeking jobs and safety have been making their way to the United States for weeks or months, it is only in recent days that the number converging on Del Rio, Texas, has drawn widespread attention, posing a humanitarian and political challenge for the Biden administration.

DHS said that in response to the more than 10,000 migrants sheltering under the Del Rio International Bridge that connects the city with Ciudad Acuña in Mexico, it was accelerating flights to Haiti and other destinations within the next 72 hours. It said it was working with nations where the migrants began their journeys - for many of the Haitians, countries such as Brazil and Chile - to accept returned migrants.

And it said U.S. Customs and Border Protection was sending 400 additional agents to the Del Rio sector in the coming days, after the border agency said on Friday that due to the influx it was temporarily closing the city's port of entry and re-routing traffic to Eagle Pass, 57 miles (92 km) east.

"We have reiterated that our borders are not open, and people should not make the dangerous journey," a DHS spokesperson told Reuters.

Lafortune Similen, a 40-year-old Haitian, reached the border with his wife and two-year-old daughter after a six-week trip through Mexico. He and his wife Marisose Molestine, 38, who said they left Chile because of racism and poor work prospects, said they did not know what would happen to them after they reached the U.S. banks of the Rio Grande.

"I heard they were sending people back, I saw on Facebook," Similen said before



the family waded into the river, knee-deep along this stretch.

But Wilson, a 40-year-old Haitian who gave only one name, said he had seen a message on Facebook that people were being allowed into the United States.

"That's why we came," said Wilson, who reached the border with his wife and daughter on Saturday morning. He said he had been working in construction in Chile.

As it became clear U.S. authorities were sending migrants back to homelands beyond Mexico, Mexican police officers began asking migrants who were buying food in Ciudad Acuña to return to the United States side of the river on Saturday morning, witnesses told Reuters. The migrants argued they needed supplies, and police eventually relented.

Migrants sheltering under the Del Rio International Bridge that connects with Ciudad Acuna in Mexico are seen in the border community of Del Rio, Texas, U.S. September 18, 2021 in a photograph provided by a law enforcement source. Handout via REUTERS  
 Migrants seeking asylum in the U.S. walk in the Rio Grande river to cross into the

The Pentagon logo is seen behind the podium in the briefing room at the Pentagon in Arlington, Virginia, U.S., January 8, 2020. REUTERS/AI Drago

U.S. near the International Bridge between Mexico and the U.S. in Ciudad Acuna, Mexico, September 18, 2021. REUTERS/Go Nakamura  
 Migrants seeking asylum in the U.S. walk in the Rio Grande river to cross into the U.S. near the International Bridge between Mexico and the U.S. in Ciudad Acuna, Mexico, September 17, 2021. Picture taken September 17, 2021. REUTERS/Go Nakamura  
**FAST EXPULSIONS**

On the Texas side, Haitians have been joined by Cubans, Venezuelans and Nicaraguans sheltering in squalid conditions under the Del Rio bridge.

Officials on both sides of the U.S.-Mexico border said the majority of the migrants were Haitians.

Typically migrants who arrive at the border and turn themselves in to officials can claim asylum if they fear being returned to their home country, triggering a long court process. The Trump administration enacted a series of poli-

cies to whittle away at those protections, arguing many asylum claims were false.

A sweeping U.S. Centers for Disease Control and Prevention public health order known as Title 42, issued under the Trump administration at the beginning of the coronavirus pandemic, allows most migrants to be quickly expelled without a chance of claiming asylum. Biden has kept that rule in place though he exempted unaccompanied minors and has not been expelling most families.

A judge ruled the policy could not be applied to families on Thursday, but the ruling does not go into effect for two weeks and the Biden administration is appealing it in court.

An en masse expulsion of Haitians at Del Rio is sure to anger immigration advocates who say such returns are inhumane considering the conditions in Haiti, the poorest nation in the Western Hemisphere. In July, the president was assassinated, and in August a major earthquake and powerful storm hit the country.

The Biden administration extended deportation relief to around 150,000 Haitians in the United States with Temporary Protected Status earlier this year. That program does not apply to new arrivals. Deportation and expulsion differ technically - expulsion is much quicker.



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11122 BELLAIRE BLVD., HOUSTON, TX 77072

# WEA LEE'S GLOBAL NOTES

## CORONAVIRUS DIARY 09/18/2021



**Wea H. Lee**  
Wealee@scdaily.com

Chairman of International District Houston Texas

**Publisher Southern Daily Wea H. Lee**

Southern News Group Chairman / CEO  
Chairman of International Trade & Culture Center  
Republic of Guiana Honorary consul at Houston Texas



### FDA Rejects Pfizer's Booster Application



The U.S. Food and Drug Administration (FDA) has rejected a vaccine booster application for approval of the use of booster doses of Pfizer's vaccines in everyone 16 years old and older. Members of the FDA committee expressed doubts about the safety of a booster dose in young adults and teens six months after they are fully vaccinated and complained about the lack of data.

President Biden had

previously announced a plan to begin administering booster doses to the general public the week of September 20th.

In a Friday meeting, experts wanted to have more data on the safety of booster doses in young adults and teens, but they believed boosters were likely necessary for a limited segment of the population.

The company in Israel that is relied upon for the data on the

safety of booster doses said that adding booster shots will help keep people out of the hospital.

Pfizer has received full approval for its vaccine from the FDA. Their researchers said that people will develop strong immunity after two doses of the vaccine, but that the level of antibodies will start to drop after just a few months.

We are so lucky in America

that everybody can get the vaccine shot, but we still have a lot of people who don't want to take it. When we look at the record today, most people who got serious health problems and died are those people who don't believe in the vaccine.

We still want to urge all our people to take action and get the vaccine shot as soon as possible.



## Southern DAILY Make Today Different

## Editor's Choice



Counter-protesters hold signs during a rally in support of defendants being prosecuted in the January 6 attack on the Capitol, in Washington, September 18, 2021. REUTERS/Jim Bourg



Counter-protester Russell Tee confronts a demonstrator during a rally in support of defendants being prosecuted in the January 6 attack on the U.S. Capitol, in Washington, D.C., September 18, 2021. REUTERS/Jonathan Ernst



Alessandro De Rose of Italy dives during the 2021 Cliff Diving World Series in Downpatrick Head, Ireland, September 12, 2021. REUTERS/Clodagh Kilcoyne



Supporters of defendants being prosecuted in the January 6 attack on the U.S. Capitol hold U.S. flags during a rally in Washington, D.C., September 18, 2021. REUTERS/Jonathan Ernst



Matt Braynard, Executive Director of Look Ahead America, speaks during a rally in support of defendants being prosecuted in the January 6 attack on the U.S. Capitol, in Washington, D.C., September 18, 2021. REUTERS/Jonathan Ernst



A demonstrator carrying a backpack with a message on it takes part in a rally in support of defendants being prosecuted in the January 6 attack on the U.S. Capitol, in Washington, D.C., September 18, 2021. REUTERS/Leah Millis

# Can Vaccines Win The Race Against COVID-19 Variants? Yes, They Can.

Compiled And Edited By John T. Robbins, Southern Daily Editor



Vaccines are delivered to Tanzania as part of the COVAX program. (Photo/ UNICEF/Msirikale.)

## Key Points COVID-19 Variants Threaten To Undermine Global Vaccine Programs Unless We Accelerate The Pace Of Delivery.

- Just over 1% of people in low-income countries have received at least one dose of a COVID-19 vaccine.
- In order to control the spread of COVID-19, we need a global effort to ensure no one is left behind in immunization campaigns.

A new wave of COVID-19 is engulfing many countries around the world primarily due to the increasingly prevalent and more transmissible Delta variant of the new coronavirus. With only a few regional exceptions, Delta is mounting a successful global attack. In Indonesia and other Asian countries, health systems are overwhelmed and running out of oxygen. Across Africa – from Tunisia in the north to South Africa – the virus is surging; recently, recorded deaths on the continent jumped 40% in one week alone. In Europe, plans to lift or relax lockdowns are being delayed or modified. And in countries like the US and the UK, a number of key COVID-19 metrics have started to increase after months of decline. The Delta variant (first discovered in India), and other variants of concern including Beta (South Africa) and Gamma (Brazil), are confirming the critical need to vaccinate billions of people around the world – fast. In the race between variants and vaccines, we are falling behind. Failure to pick up the pace now will enable this virus to multiply and mutate to the point where future variants could outsmart our vaccines.



In the quest to vaccinate every citizen of the world against COVID-19, speed and strategy are key.

It's essential to think smartly about the impressive armamentarium of vaccines at our disposal and ensure we don't squander any of these lifesaving assets. No single vaccine can conquer COVID-19 – we need many. Each vaccine should be deployed to the frontlines, targeted to where they can make the greatest impact so that no population is left behind. Above all, we need to follow through on vaccine delivery all the way from the supply depot to the last mile, turning every available vaccine dose into a vaccination in someone's arm.

At Johnson & Johnson, it was precisely this kind of pandemic scenario that informed our selection of a single-dose vaccine that could be easily transported without the need for ultra-cold refrigeration. Of course, no vaccine developer could have predicted how the original Wuhan strain of coronavirus would evolve, and whether their vaccines would hold up against emerging variants.

Recent research published in the New England Journal of Medicine, along with a large real-world study of health workers in South Africa, suggests that the vaccine generates strong immune responses against Delta and other variants of concern. We now await results on protective efficacy from our large-scale clinical studies.



While getting vaccine science right is never easy, vaccine deployment on a global scale – in the middle of a pandemic – presents other challenges. Underscoring this, only slightly more than 1% of people in low-income countries have received at least one dose of a COVID-19 vaccine. This has to change, not just for reasons of global equity, but because if we don't get COVID-19 under control everywhere, we will not be able to end this pandemic anywhere.

### How do we crack the challenge of global deployment?

- **Intensify international cooperation and cross-sector partnerships** between industry, governments, health systems and civil society. Turning COVID-19 vaccines into vaccinations involves executing countless legal agreements, establishing no-fault compensation coverage for vaccine recipients, streamlining regulatory

processes, overseeing technology transfers with production partners, setting up pharmacovigilance systems, and coordinating closely with many global partners. This complex, multistep process, which normally takes years to complete, must be compressed into weeks.

- **The global community needs to get behind COVAX**, the unprecedented initiative working to ensure that the world's pandemic response includes concrete plans to enable access for lower-income countries, and vulnerable populations including those in conflict and crisis environments. Governments with surplus vaccines should immediately ramp up their dose sharing via COVAX. Stockpiling vaccine supplies will only prolong the pandemic. An example to emulate is the United States government, which recently embarked on the largest vaccine donation programme undertaken by any country in history.



- It involves the deployment of three COVID-19 vaccines from different manufacturers, and we're proud to be part of it.

So far, nearly 30 million doses of our vaccine have been donated to more than 30 countries across four continents – many through COVAX. This is just a start: millions more doses to many more countries will follow.

- **Maintain the free flow of the global vaccine supply chain.** Many of today's vaccines (not just for COVID-19) take shape in a multistep process involving suppliers and manufacturers located across multiple countries and continents. From the raw materials (like bio-bags to make biologics), to large batches of vaccine drug substance, to the finished vials, we are working with world-class manufacturers from the US to Europe, India and South Africa to supply our vaccine to the global community. It is important for governments to resist protectionist policies such as export controls and restrictions, which ultimately only serve to delay vaccine shipments and other lifesaving medicines reaching their own citizens. We must work together to ensure equitable supply.



- **Build on decades of innovation and science.** When the coronavirus crisis started, Johnson & Johnson leveraged more than a decade of research and development investments in our vaccine platform technology. We leveraged this

platform to develop our COVID-19 vaccine in just one year. We stand by our proprietary technology and believe in leveraging it for the global good. Expanding and accelerating voluntary technology transfers between vaccine developers and manufacturers, as we have done in India, South Africa and elsewhere, is the way forward.

- Short term actions that undermine the value of intellectual property will only discourage the innovation we need to combat the next pandemic. Ultimately, what we do now in the race against the variants will help to define not just how quickly the global community conquers COVID-19, but whether we are adequately prepared for the next pandemic. The principles of multilateral partnership, global equity, and unfettered rapid response must be at the heart of any pandemic preparedness blueprint for the future.

### Here's what global progress on COVID-19 vaccination looks like

Several COVID-19 vaccines have been approved or authorized, but rollout has been hindered.



A health worker and a military police officer carry the AstraZeneca/Oxford vaccine to an indigenous hut in Manaus, Brazil, February 9, 2021. (Photo/REUTERS/Bruno Kelly)

- The World Economic Forum has created a visualization tracking country-by-country progress made on vaccination to date.

Countries around the world are racing to vaccinate their populations against COVID-19. In order to reach herd immunity, it's estimated that at least 60% of a population (and as much as 90%) must become immune thanks either to prior infection or vaccination. But as of 10 February nearly 130 countries, with a collective population of 2.5 billion, had yet to administer a single vaccine dose.

While some 10 different COVID-19 vaccines have been approved or authorized for emergency or limited use, the practical business of administering jabs has been hindered by staffing and supply shortages, procurement hiccups, and geopolitics. Concerns have also been raised about equitable access for poorer countries and historically-marginalized communities.

But there have also been positive signs, including Israel's relatively swift rollout, an upwardly revised daily vaccination target in the US, and India's distribution of free doses to countries including Myanmar and Bangladesh.

The Convidecia vaccine developed in China may just require just one dose, for example, but the Pfizer-BioNTech version already approved for use in several countries and the Sputnik V vaccine developed in Russia are among those that call for two.



The second waypoint in the visualization provides a fuller picture of progress made so far, as each country with available data turns a darker shade of green as the percentage of people receiving all doses prescribed by a vaccination protocol increases over time.

The discovery of new, potentially more deadly coronavirus mutations has added a sense of urgency to efforts to contain the pandemic – while prompting the exploration of ways to redesign existing vaccines.

For more context, here are links to further reading from the World Economic Forum's Strategic Intelligence platform:

- China and India are using the inoculation drive against COVID-19 as part of diplomatic efforts to shore up global and regional ties, according to this analysis – which has led to a tussle playing out online and in the media. (Australian Strategic Policy Institute)
- In the US, tailored messaging efforts are underway encouraging people particularly vulnerable to COVID-19 to get vaccinated – from communities of colour to migrant farmworkers. Among the aims, according to this report: giving people an empowering sense that they're helping others. (Kaiser Health News)
- Is it safe to delay a second vaccine dose? According to this report, there's some evidence that short waits are safe, but partial immunization may help risky new coronavirus variants to develop. (Scientific American)



- A number of wealthy countries have purchased far more vaccines than necessary (the UK, for example, has ordered 219 million full vaccinations for 54 million adults). This analysis suggests a way for excess doses to be redistributed to those in need. (The Conversation)
- Will your ability to travel depend on your vaccination status? According to this report, Israel and Greece have agreed on a tourism pact enabling people already vaccinated against COVID-19 to travel freely between the countries. (Courtesy weforum.org)

# From The CDC: Nine Signs Of A Delta Variant Infection



Compiled And Edited By John T. Robbins, Southern Daily Editor

The new variant of COVID-19 is different from previous versions. It's "more dangerous than other variants of the virus," says the CDC. "The Delta variant is highly contagious, more than 2x as contagious as previous variants," not to mention, "some data suggest the Delta variant might cause more severe illness than previous variants in unvaccinated people." How do you know if you have it? Read on for 9 symptoms, get vaccinated if you haven't been yet, and ensure your own health and the health of others.

## 1. You May Have Bad Cold-Like Symptoms



The CDC lists congestion or runny nose and sore throat as symptoms of COVID-19. Some studies, as well as anecdotal evidence, indicate that these nose-and-throat symptoms are more prevalent with Delta than with other strains. Professor Tim Spector, who runs the Zoe Covid Symptom study, has said that Delta can feel "more like a bad cold" for younger people. That's why it's essential to stay on top of any symptoms and get tested.

## 2. You May Have Fever or Chills



Temperature dysregulation is very common with COVID but you can still have COVID without a fever. Most doctors don't worry until your temperature is above 100.4 degrees—that's when it's considered significant. By the way, a fever isn't a bad thing. Dr. Anthony Fauci, the chief medical advisor to the President and the director of the National Institute of Allergy and Infectious Diseases, has said it's a sign your immune response is working. But it is a worrying sign if you have one during a pandemic.

## 3. You May Have a Cough



A COVID cough "is usually a dry (un-

productive) cough, unless you have an underlying lung condition that normally makes you cough up phlegm or mucus," says the Zoe Symptom Study. "However, if you have COVID-19 and start coughing up yellow or green phlegm ('gunk') then this may be a sign of an additional bacterial infection in the lungs that needs treatment."

## 4. You May Have Shortness of Breath or Difficulty Breathing



If you have a hard time breathing, call a medical professional and the CDC says "look for emergency warning signs for COVID-19. If someone is showing any of these signs, seek emergency medical care immediately: Trouble breathing, persistent pain or pressure in the chest, new confusion, inability to wake or stay awake, pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone."

## 5. You May Have Fatigue



Fatigue—as if you have, well, a virus—is a common symptom if you get COVID. It can also last longer than a year, according to one big new study in the Lancet. More than half of those studied had at least one symptom that did not go away after a COVID infection, at least after a year of study. An estimated 30% of people who get COVID may have this problem. The authors found that these "long haulers" suffer "fatigue or muscle weakness, problems with mobility, pain or discomfort, and anxiety or depression" among other debilitating problems.

## 6. You May Have Muscle or Body Aches



Dr. Fauci has warned that "long haulers" can develop "myalgia"—or body aches—and they can be caused by an initial infection. These might feel like a heart attack or just a pain in the neck, but are unusual in their appearance, in that you may not know how they happened. If it feels really weird, suspect COVID.

## 7. You May Have a Headache



When COVID first hit these shores, the symptoms were said to be a dry cough or shortness of breath. Little did the experts know at the time, there were many more—including crushing headaches, described by one patient as "an alien feeling inside of my body and a vise grip on my head but nothing that sounded like the typical description of COVID." Others have called it a "jackhammer."

## 8. You May Have a New Loss of Taste or Smell



The original keystone symptoms of a COVID infection, a loss of taste or smell are anecdotally less common than they were before, but can still happen and are a telltale sign of COVID.

## 9. You Have Gastrointestinal Issues



Nausea or vomiting and diarrhea are symptoms the CDC says to watch for. Originally thought of as a "respiratory illness," COVID has proven to disrupt all systems, including gastrointestinal. The CDC notes that "this list does not include all possible symptoms. CDC will continue to update this list as we learn more about COVID-19. Older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from COVID-19 illness."

### How to Stay Safe Out There



"From the standpoint of illness, hospitalization, suffering, and death, the unvaccinated are much more vulnerable," Fauci says. "When you look at the country as a whole in getting us back to normal, the unvaccinated — by not being vaccinated — are allowing the propagation and the spread of the outbreak, which ultimately impacts everyone." Get tested if you feel you have any of the symptoms mentioned here. And says the CDC: "Get vaccinated as soon as you can. If you're in an area of substantial or high transmission, wear a mask indoors in public, even if you're fully vaccinated," says the CDC. (Courtesy https://www.eatthis.com/)